MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)

SERIAL NO.

10/599775

APPLICANT(S)

CLAIMS

	AS	FILED	AFTER "AMENDMENT		AFTER ^{2™} AMENDMENT	
į						
<u></u>	IND	. DEP.	IND.	DEP.	IND.	DEP.
1	V2:	_				
3	X/4-	-				
4	1//					
5	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		·			
6	 \/	A				
7	 \	A. 7				
8	 		·			
9	 	4				<u></u>
10	1	\ 				
11		1				
12		1				
13						
14						
15		7				
16	ļ <u>.</u>	V				
17	_/	│, ┃				
18	 	// , 				
19 20	 	-/				
21		 				-
22	-	╎┦╶ ┰╼╌╂╴				
23		 		 -}		
24		 				
25		1				
26	,	II				
27						
28						
29 30						
31		<u> </u>				
32						
33						
34						
35						
36				 -		
37						
38						
39						
40						
41						
42 43			<u> </u>			
43	 .					
45]
46		 -			_	
47						
48					-	
49	, , , , , , , , , , , , , , , , , , ,			 		
50 ~ '				-		
OTAL	4 +		 -	 _		
IND.		▼		♥ -	- 1 -	↓ │
OTAL C	7	4		_		_
	<i>!</i>	7-		™	- 4	.
OTAL						I

·	AS FILED			TER ndment	AFTER 2 ** AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
<u>52</u> 53						
54			·			
55						
56						
57						
58		·				
59 60						
61						
62			`			
63						
64		·				
65		-				
66 67						
68						
69				 -		
70						
71						
72						
73						
75	——-j-					
76						
77						
78						
79 80						
81						
82						
83					- - -	
84						
85 86						
87						
88			 -			
89			-			
90						
91						
92						
94						
95						
96						
97						
98	_					
99		<u> </u>				
100 TOTAL	 -	<u> </u>				
IND.		₽ `		♣		♣╽
TOTAL DEP.				•	•	
TOTAL			3			